

County: Oneida
HORIZONS UNLIMITED
P. O. BOX 857

Facility ID: 4670

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RHINELANDER 54501 Phone: (715) 365-6900
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 118
Total Licensed Bed Capacity (12/31/01): 118
Number of Residents on 12/31/01: 114

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 119

Corporation
FDDs

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis		Age Groups		Less Than 1 Year			
Home Health Care	No					0.9			
Supp. Home Care-Personal Care	No					1 - 4 Years		0.9	
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		More Than 4 Years		98.2	
Day Services	Yes	Mental Illness (Org./Psy)		65 - 74				-----	
Respite Care	Yes	Mental Illness (Other)		75 - 84				100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94				*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over				Full-Time Equivalent	
Congregate Meals	No	Cancer						Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures						(12/31/01)	
Other Meals	No	Cardiovascular		65 & Over				-----	
Transportation	No	Cerebrovascular						RNs	
Referral Service	Yes	Diabetes		Sex				LPNs	
Other Services	No	Respiratory						Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions		Male				Aides, & Orderlies	
Mentally Ill	No			Female				71.1	
Provide Day Programming for								-----	
Developmentally Disabled	Yes							100.0	

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay		Fami ly Care		Managed Care					
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	114	100.0	200	0	0.0	0	0.0	0	0	0.0	0	0	0.0	114	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		114	100.0		0	0.0	0	0.0	0	0	0.0	0	0	0.0	114	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	1.8	47.4	50.9	114
Other Nursing Homes	0.0	Dressing	16.7	38.6	44.7	114
Acute Care Hospitals	100	Transferring	43.0	31.6	25.4	114
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	21.9	35.1	43.0	114
Rehabilitation Hospitals	0.0	Eating	20.2	47.4	32.5	114
Other Locations	0.0	*****				
Total Number of Admissions	1	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	0.9	Receiving Respiratory Care		0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	64.9	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	8.3	Occ/Freq. Incontinent of Bowel	78.9	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		15.8
Acute Care Hospitals	8.3	Mobility		Receiving Tube Feeding		14.0
Psych. Hosp. -MR/DD Facilities	33.3	Physically Restrained	0.0	Receiving Mechanically Altered Diets		74.6
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	50.0	With Pressure Sores	2.6	Have Advance Directives		43.0
Total Number of Discharges (Including Deaths)	12	With Rashes	7.0	Medications		
				Receiving Psychoactive Drugs		36.8

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.4	84.6	1.15	84.6	1.15
Current Residents from In-County	6.1	41.3	0.15	77.0	0.08
Admissions from In-County, Still Residing	0.0	17.0	0.00	20.8	0.00
Admissions/Average Daily Census	0.8	18.6	0.05	128.9	0.01
Discharges/Average Daily Census	10.1	22.2	0.46	130.0	0.08
Discharges To Private Residence/Average Daily Census	0.8	9.4	0.09	52.8	0.02
Residents Receiving Skilled Care	0.0	0.0	0.00	85.3	0.00
Residents Aged 65 and Older	23.7	15.8	1.49	87.5	0.27
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	68.7	1.46
Private Pay Funded Residents	0.0	0.5	0.00	22.0	0.00
Developmentally Disabled Residents	100.0	99.7	1.00	7.6	13.19
Mentally Ill Residents	0.0	0.2	0.00	33.8	0.00
General Medical Service Residents	0.0	0.1	0.00	19.4	0.00
Impaired ADL (Mean) *	59.3	50.6	1.17	49.3	1.20
Psychological Problems	36.8	46.6	0.79	51.9	0.71
Nursing Care Required (Mean) *	14.3	11.0	1.30	7.3	1.94